

AGENDA ITEM

REPORT TO HEALTH AND WELLBEING BOARD

12 FEBRUARY 2014

**REPORT OF: CORPORATE
DIRECTOR OF CHILDREN,
EDUCATION & SOCIAL CARE
AND
CHIEF OFFICER, NHS
HARTLEPOOL & STOCKTON
ON TEES CCG**

BETTER CARE FUND

SUMMARY

This paper provides Health and Wellbeing Board with further information regarding the Better Care Fund including the latest guidance, financial allocations and timescales. The paper also includes the draft plan that will be submitted for Stockton-on-Tees for approval and sign-off and proposes a number of next steps relating to implementation.

RECOMMENDATIONS

It is recommended that Health and Wellbeing Board:

- Notes the updated information and guidance relating to the Better Care Fund (BCF);
- Reviews and signs off the attached DRAFT BCF planning templates for Stockton-on-Tees. In order for it to be submitted to the NHS Local Area Team and NHS England by 14th February 2014. Final plans will be presented to the Health and Wellbeing Board on 26th March 2014 prior to final submission on 4th April 2014;
- Reviews and agrees the next steps in the implementation of the BCF plan.

BACKGROUND

The Better Care Fund (previously referred to as the Integration Transformation Fund) was announced in June as part of the 2013 Spending Round. The Fund will provide £3.8bn worth of funding (nationally) in 2015/16 to be spent locally on health and social care with the aim of driving closer integration and improving outcomes for patients, service users and carers. In 2014/15, a further £200m nationally will transfer to enable localities to prepare for the Better Care Fund in 2015/16.

In 2015/16 the Fund will be allocated to local areas, where it will be put into pooled budgets under Section 75 of the NHS Act 2006 which allows joint governance arrangements between CCG's and Councils.

The Better Care Fund requires local areas to formulate a joint plan for integrated health and social care and to set out how their single pooled Better Care Fund budget will be implemented to facilitate closer working between health and social

care services. Joint plans must be approved through the local Health and Wellbeing Board and must meet the following requirements:

- DRAFT Plans must be signed off by the Health and Wellbeing Board by 14th February, with final plans signed off prior to submission on 4th April.
- Plans must meet the 6 National Conditions:
 - Plans to be jointly agreed
 - Protection for social care services
 - 7 day services in health and social care to support patients being discharged and prevent unnecessary admissions at weekends
 - Better data sharing between health and social care, based on the NHS number
 - Ensure a joint approach to assessment and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional
 - Agreement on the consequential impact of changes in the acute sector
- Plans must identify expected outcomes and performance measures for the planned changes. Using the 5 National performance metrics, and 1 local metric:
 - Admissions to residential and care homes: Permanent admissions of older people to residential and nursing care homes
 - Effectiveness of reablement: Proportion of older people who were still at home 91 days after discharge from hospital into reablement services
 - Delayed transfers of care: Delayed transfers of care from hospital per 100,000 population
 - Avoidable emergency admissions
 - Patient / service user experience
 - Local Metric: Agreed as estimated diagnosis rate for people with Dementia
- Plans must identify how the pooled budget will be spent and detail the planned changes
- Plans must include contingency plans in case planned improvements in hospital and care home admissions are not achieved
- Plans must identify risks and mitigating actions.

In Stockton, the Better Care Fund in 2015/16 is £14.351m; £1.647m of this relates to specific grants previously received by the Council and although to be incorporated in the Better Care fund is ring-fenced to Council services. In addition, £4.099m is on-going Section 256 funding supporting social care and reablement activity removal of which would significantly impact on current delivery. The balance of £8.605m is to be used in the delivery of the 6 national conditions, 5 national indicators and 1 local indicator. In order to support this £200,000 ring-fenced Public Health funding is to be incorporated into the pooled budget as an additional contribution.

In addition to the funding in 2015/16 £848,000 has been allocated in 2014/15 to support the implementation of the projects.

Development of the Stockton-on-Tees BCF plan

In December 2013, the North of Tees BCF Oversight Group agreed the local principles for the BCF, these are consistent with the principles and aims now set out in the planning guidance (published on 20th December 2013). The group also agreed

that whilst plans will be developed at a locality level, the oversight group would ensure that where appropriate similar services will be commissioned across the CCG footprint. Ensuring equity for our local populations, to avoid potential destabilisation of services and/or to ensure providers are able to respond to required redesign of care pathways in a consistent and timely way.

Principles agreed in draft form for further discussion and progress by the working group in development of the plans were:

- Needs to support the priorities in the Joint Health and Wellbeing Strategy as well as align with the CCG Plan, NHS England operational plan and others
- Needs to be based on clear evidence including cost/benefit analysis of funding early-intervention and prevention services to achieve greater long-term sustainability and reduce pressure on acute services;
- The funding can be used to support existing or new services or transformation programmes where such programmes are of benefit to the wider health and social care system where positive outcomes for service users have been identified and will reduce demand on acute care.

The Stockton-on-Tees DRAFT BCF plan has been developed in partnership with stakeholders from the LA, CCG, primary care and community, acute and mental health service providers. Mechanisms to develop the plan have included:

- Fortnightly meetings of the Oversight Group – to ensure the project is on schedule and meets the aims and objectives and deals with the concerns and issues raised by all partners.
- Fortnightly meetings between the CCG and LA, supplemented by separate meetings to discuss issues and matters arising throughout the planning process.
- Several workshops within the LA to begin to develop the ideas, the data and the evidence from as social care perspective – mindful of the need to integrate with health.
- Joint workshops and meetings with stakeholders from the LA, community service, acute service, primary care and mental health service providers to align the schemes and projects to the existing Momentum programme and to ensure that the schemes and projects support both health and local authorities to meet their objectives.

The Stockton-on-Tees BCF DRAFT planning templates are attached in Appendix 1 & 2. These contain the detailed information relating to the Stockton BCF schemes, including the financial summary of the Stockton BCF, the investments required to deliver the schemes and the outcomes and metrics against which the BCF plan will be measured. Savings out with the metrics are being developed alongside these delivery plans. The Health and Wellbeing Board are requested to review and sign-off the DRAFT planning templates, which will then be submitted by 14th February 2014. Final plans and savings will be submitted by 4th April 2014, following sign off by the Health and Wellbeing Board on 26th March.

Next Steps and Implementation of the Stockton BCF

Some of the key timescales and milestones for BCF are outlined below:

Key Milestones	Timescales
DRAFT Planning Templates submitted to NHS England and NHS Local Area Team	14.02.14
Interim submission of the CCG Operational Plan (Including BCF	14.03.14

plan) to NHS England	
FINAL Planning Templates to be submitted to Health and Wellbeing Board for approval	26.03.14
FINAL Planning Templates to be submitted to NHS England and NHS Local Area Team, as part of the CCG's' Strategic and Operational Plans	04.04.14
Papers to H&WBB detailing governance, project management and risk sharing arrangements for the BCF	28.04.14
Detailed implementation plan to be developed and agreed with clear project plans, milestones and performance metrics for each of the schemes.	By June 2014

Although the majority of the impact of the BCF plans is expected in 2015/16 it should be noted that there is a push to deliver as much as possible during 2014/15. Enabling changes to be undertaken to secure performance improvements in this year.

The Unit of Planning Oversight Group will continue to provide ongoing oversight of the Stockton and Hartlepool BCF. Ensuring that there is strategic alignment of plans across North of Tees (as the agreed 'unit of planning') and encouraging the sharing of best practice. Throughout the planning and implementation process, the Health and Wellbeing Board will be kept apprised of developments and informed of progress.

The Adults Health and Wellbeing Commissioning Group and Adults Board will be utilised to oversee implementation of the Stockton BCF plans, however it is recognised that a project team and programme structure will be required to manage the BCF implementation. Funding is available from the CCG to help support this and the detail of how this will be structured and associated resource implications will be developed, and submitted to Health and Wellbeing Board for approval in April 2014.

More detailed work is also underway to confirm the risk sharing and contingency arrangements. A paper outlining these arrangements will also be submitted to the Health and Wellbeing Board for approval in April 2014.

FINANCIAL AND LEGAL IMPLICATIONS

The report identifies Better Care funding of £848,000 in 2014/15 and £14.351m in 2015/16 of which £8.605m is to be used to support delivery of national conditions and indicators across health and social care. It also identifies savings of £505k in 2015/16 linked to these. Work is ongoing to identify further savings, with an additional £2.5m identified to date. The full financial impact of the BCF will be incorporated in the final plan to be presented for approval in March 2014.

The element of the BCF subject to performance measures for Stockton is £3.8m in 2015/16 and risk assessment work is underway.

The operation of the transfer of resources in the BCF in 2014-16 will be subject to The National Health Service (Conditions Relating to Payments by NHS Bodies to Local Authorities) Directions 2013 under s75 and s256 of the National Health Services Act 2006. The Better Care Fund money for 2014/15 will be distributed through Section 256 grants to local authorities. From 2015/16 the Better Care Fund must operate under Section 75 pooled budget arrangements

RISK ASSESSMENT

An initial risk assessment has been undertaken as part of the DRAFT BCF plan and is attached on page 26 of the planning template (see Appendix 1). This is a high-level risk assessment and more detailed risk assessments will be developed for each of the schemes identified in the plan.

The BCF requires partners to develop a shared risk register and have an agreed approach to risk sharing. In addition, contingency plans must be agreed in case planned improvements in hospital and care home admissions are not achieved. Work is underway to develop these and Health and Wellbeing Board will be provided as an element of the implementation plan, which will be sent to Health and Wellbeing Board for approval.

COMMUNITY STRATEGY IMPLICATIONS

The DRAFT BCF plans support delivery on the Stockton-on-Tees Community Strategy and Joint Health and wellbeing Strategy. Making a significant contribution to a number of the key themes including; healthier communities and adults; helping people to remain independent; improved access to integrated health and social care services and promoting healthy living. The DRAFT BCF plan also focuses on older adults; this is identified as one of the key supporting themes in the community strategy.

CONSULTATION

The DRAFT BCF plan has been jointly developed and agreed with key stakeholders from the LA, CCG, primary care and community, acute and mental health service providers. The plan has also been informed by a range of engagement activities, involving service users, carers, families and the public, that were already underway focusing on a range of local health and social care services.

There has not yet been any formal consultation relating specifically to the DRAFT BCF plans, however it is recognised that further engagement and consultation activities will be required throughout the implementation of the BCF plan and a detailed communication and engagement plan will be developed to support implementation.

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